CALIFORNIA CHIROPRACTIC COLLEGES

LOS ANGELES COLLEGE OF CHIROPRACTIC

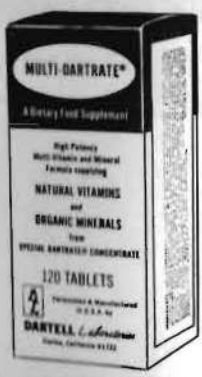
The Chirogram

THE CHIROPRACTIC PHYSICIAN JUNE 1976, VOL. 43, NO. 6

We hold these truths to be self evident, that all men are created equal; that they are endowed by their Creator with inalienable rights; and that among these are LIFE, LIBERTY and the PURSUIT OF HAPPINESS. — *Thomas Jefferson*

MULTI-DARTRATE

The "No. 1" Vitamin and Mineral Formula



Availability:
120 tablet bottle $ 7.00
360 tablet bottle $17.00

When a frank deficiency of one vitamin is revealed, subclinical deficiencies of other nutritional factors are usually present since a diet deficient in one essential nutrient is usually deficient in others. Nutritional deficiencies are seldom limited to a single factor. ▪ This is why a broad-spectrum, multiple vitamin and mineral formula offers broad, protective supplementation and forms a base upon which to build more specific nutritional, high potency assistance to meet special demands in individual cases when specific dietary regimens are essential. ▪ One tablet of MULTI-DARTRATE® provides the minimum daily adult requirement, or more, of all the vitamins for which such requirements have been established plus other essential vitamins and minerals in supplemental amounts. ▪ You can adjust the patient's dosage to meet their individual nutritional needs: One tablet daily for maintenance or two tablets each day for mild deficiencies. This flexibility assures your patients of immediate high potency or prolonged daily protection of 12 important, well established vitamins, 9 minerals plus other nutritional factors that play roles in body processes. All this for just pennies a day for your patients with MULTI-DARTRATE,® the No. 1 Multi-Vitamin and Mineral Formula. ▪ Join the thousands of doctors who have found MULTI-DARTRATE® to be an effective nutritional supplement for their patients, doctors who have helped to make it the multiple vitamin and mineral of choice of your profession.

Fine Products for Your Practice from

DARTELL Laboratories Covina, California 91722

THE PRICE OF LEADERSHIP

Our Founder . . . .

ROYAL LEE, D.D.S.

Vitamin Products Company founded by Dr. Royal Lee, has gladly paid this price of Leadership for the past 40 years.

The passing of Dr. Lee (as much as he is missed) has not impaired our Leadership in the Nutritional Field. Mrs. Lee, with the assistance of company executives, adequately trained by Dr. Lee, is continuing to follow in his footsteps.

The proof that the original processing of our Nutritional Concentrates was the right method is attested by the fact that we have never to this day changed our processing methods.

Products such as CARDIOPLUS, VASCULIN, BETACOL and many more of the 120 items developed have received the highest tribute of Leadership by the attempts of competition to duplicate them. Some circulate stories that they have profited by our research. These claims, of course, are ridiculous since we have never divulged the secrets of our processing to anyone.

Our concern for your patient is only exceeded by the concern for the integrity of our products.

STANDARD PROCESS LABORATORIES, Inc.

Division of
Vitamin Products Company,
2023 W. Wisconsin Avenue,
Milwaukee, Wisconsin 53201

EDITORIAL COMMENT

WE REMEMBER:

When physiotherapy classes were held in an old storage room - which was transformed into a beautiful audiovisual theatre and students lounge.

When a large, bare classroom was converted to a nice auditorium, with upholstered, theatre-type seats.

When the Dissection laboratory was a bare room, dark and hot. It was stripped down, tiled, air conditioned and became one of the most modern labs of its kind to be found anywhere.

Dr. Kai Drengler did those things.

We remember when a little shack on the lower end of the quadrangle with broken down, ragged overstuffed furniture was the "green room" where externs gathered, became a cafeteria with a variety of foods available in machines, and a comfortable outdoor patio with tables and benches attracted the entire student body, and we no longer ate from a wagon in the alley.

When a storage area in the Clinic building became a comfortable extern's lounge, and another store room became a specialized treatment room with one-way windows for student observation.

When ancient and tired houses stood on Broadway and Cedar, disappeared and became a parking lot.

Dr. Glenn Olson caused these things to happen.

When the foyer of the Administration building had a "last century" look, with dark wood, faded wallpaper and trophy cases suddenly became a place of beauty with marble walls.

When the chemistry lab had a group of weary tables, and some glassware, and little else, and one day became a teaching - practical laboratory with new and modern equipment, murals on the walls, and expanded to twice its size.

When the faculty studied at home, and kept records in their cars - now they have offices in which to work.

Dr. George Haynes did those things - and many more.

And this list could go on and on with many names and numerous contributions.

But lest you think that these things were accomplished single-handedly - they were not. The entire staff helped - and numberless doctors in the field who were students at that time helped immeasurably.

We're not static - far from it. In comparing "now" and "then" there is a big difference, and all to the good. And growth and improvement continues. It would be interesting to visualize LACC 20 years from now.

IDK

THE CHIROGRAM • JOURNAL
OF THE LOS ANGELES COLLEGE OF CHIROPRACTIC

CIRCULATION — 11,000

THE CHIROPRACTIC PHYSICIAN JUNE 1976, VOL. 43, NO. 6

Dedicated to the dissemination of current and research information relative to the field of Chiropractic Therapeutics

FEATURE ARTICLES

REGULAR FEATURES

THE CHIROGRAM is published monthly by the Los Angeles College of Chiropractic, 920 E. Broadway, Glendale, California 91205 ADVERTISING DEADLINE: All new display copy must be in our hands by the first of the month preceding publication. Classified ads must be in our hands 6 weeks prior to publication, accompanied by check. Make checks payable to THE CHIROGRAM, 920 E. Broadway, Glendale, CA 91205. Currency mailed at sender's risk. All contracts are subject to approval by the editorial board. The right to reject any advertising is reserved. CHANGE OF ADDRESS: Allow 4 weeks for change of address to become effective. Give both old and new addresses, including zip codes. SUBSCRIPTION: $5 per year. 50 cents for single copy and for back issues when available, payment in advance. THE CHIROGRAM does not accept responsibility for opinions expressed in advertisements or signed articles.

DR. EARL HOMEWOOD TAKES DIRECTION OF LOS ANGELES COLLEGE OF CHIROPRACTIC

Dr. A. Earl Homewood

Dr. A. Earl Homewood, Dean of the Los Angeles College of Chiropractic, has been named Acting President of the College, according to an announcement by Dr. Ralph Martin, speaking for the Board of Regents of the College. Dr. George H. Haynes, who preceded Dr. Homewood in the President's office has retired from administration after he had served for many years as Administrator of the college. Dr. Haynes officially becomes President-Emeritus on August 31st.

Dr. Homewood is an educator of renown and is the author of two books on chiropractic, "The Neurodynamics of Vertebral Subluxation" and "The Chiropractor and the Law". His works have been published in a number of technical journals, both here and abroad.

Dr. Homewood, a native of Toronto, Canada, has been with the Los Angeles College since 1970. Prior to coming to LACC, he was President of the Canadian Memorial Chiropractic College in Toronto, and in that position he succeeded in building a completely new and modern school plant. This seemed to have set the pace for improvement and enlargement of the physical plants of chiropractic colleges all over the United States.

His background in education is at both the classroom and the administrative levels, as well as in business and in law. In addition to the degree of Doctor of Chiropractic, he also has a Bachelor of Laws degree and a Doctorate in Physical Therapy.

He has been honored many times by his own profession, is a Fellow of the International College of Chiropractors, the Honorary President of the Canadian Legion No. 450, a Life Member of the International Society of Naturopathic Physicians and many other positions of honor. He served during World War II in the medical division of the Royal Canadian Navy.

Dr. Homewood takes leadership of the LACC at a time when it is beginning a program of expansion. The facility at Glendale is being enlarged and improved by the addition of a new and modern classroom building.

In announcing the appointment of Dr. Homewood, Chairman of the Board of Regents, Dr. Martin, lauded the many accomplishments of President Emeritus Haynes, pointing out that he had brought the LACC to the point of being one of the finest academic institutions of its kind. He pointed out that the Board of Regents expects Dr. Homewood, as the new President, to succeed in accomplishing as much, or more for the Los Angeles College as he accomplished for the Canadian College during his tenure as President there.

Dr. George H. Haynes has announced his retirement as President of the Los Angeles College of Chiropractic - California Chiropractic Colleges. Dr. Earl Homewood suceeds Dr. Haynes as President.

Dr. Haynes has been directing the affairs of the Los Angeles College of Chiropractic for many years, first Clinical Director, then as Dean, Administrative Dean and finally as President. In these long years of service, he has established an enviable record as both educator and administrator. During his tenure of service, he has seen the college grow and expand to its present stature, that of one of the leading chiropractic institutions in the world.

He played an integral part in the organization and operation of a viable accrediting agency for chiropractic colleges, and saw his efforts crowned with success with the recognition of the Foundation for Chiropractic Education and Research (FCER) as the Accrediting Agency for chiropractic colleges. This recognition by the Department of Health, Education and Welfare (HEW) of the United States government.

Dr. Haynes has always been justifiably proud of the academic excellence of the college, and with the organization of a fine and deeply dedicated faculty and staff. Many of the faculty members have records of service to LACC into the decades.

Two of his final contributions as President of the college were the beginning of negotiations for the purchase of a northern campus at Los Gatos, California; and the planning of a new and modern teaching facility at the Glendale campus, consisting of a six classroom-laboratory complex. This facility is now under construction.

LACC is as proud of Dr. George Haynes, as he is of LACC.

THE TECHNIQUE OF NERVE TRACING

By Jay D. Kirby, D. C., F. I. C. C.

Nerve tracing as a diagnostic procedure is something that was once widely practiced but in the latter years has to some extent, by many chiropractic physicians, fallen into disuse.

In the book "Spinal Treatment Science and Technique" by Gregory a chapter is devoted to the art of nerve tracing and this article is based upon that chapter.

Gregory states that nerve tracing is an art of following by palpation a tender nerve from its spinal origin to some inflammatory or pathological lesion or zone or the act of tracing a tender nerve from an inflammatory zone to its spinal exit. According to Gregory a nerve may be easily traced if it is tender and so situated at a point that it may be easily reached while palpating.

In order that a nerve may be traced it is necessary that it be hyper-sensitive from whatever cause the hypersensitivity might come; from impingement, mechanical interference, or anything affecting its cellular integrity.

It stands to reason that if excitability of a nerve is destroyed then nerve tracing will become an impossibility. Gregory pointed out that nerve tracing is used to enlighten ourselves as to the location of spinal lesion leading to areas for making adjustments for the relief of symptoms.

The existence of hyper-sensitivity demonstrates that the nerve is functional and in such a case little difficulty should be experienced in tracing the nerve supplying the part from the zone of pain back to its spinal exit.

We must take into consideration the fact that by reflex muscular contraction, tenderness may be precipitated. If, after having located the spinal origin of a nerve, then the therapeutic thrust or adjustment is employed to relax the contractioned musculature of the segment of the spine, to restore the positional integrity of the spinal segments and thus relieve pain and tenderness as well as to speed the repair of the pathological process.

There are a number of points to consider in nerve tracing. For one, the method of holding the fingers, 2) the methods of following the nerve, 3) the methods of tracing from the spine, 4) the methods of tracing toward the spine, 5) the location of points of tenderness on nerve pathway, 6) tracing of the peripheral nerve rami, 7) the unexplainable nerve tracings in rare cases.

It is necessary in nerve tracing to perform deep palpation which necessitates the use of considerable pressure in order to elicit the tenderness along the nerve pathway and to determine it's course. The middle finger is possibly the better digit to use because of a more adequate muscular pad on the end of the finger and, needless to say, the sense of touch needs to be greatly developed.

Because of the considerable pressure that must be placed upon the finger and the continuous use of the finger for some time it should be supported to prevent muscular tiring and exhaustion. The best method, according to Gregory, is the placing of the first finger on the dorsal surface of the middle finger by placing the ball of the thumb against the palmar surface of the middle finger. This affords good support for the middle finger and eliminates the problem of exhaustion and muscular fatigue.

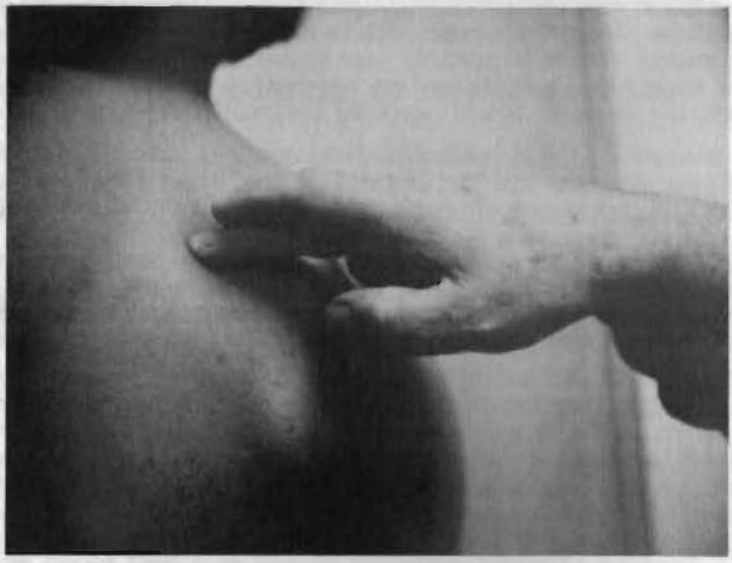
METHODS OF FOLLOWING A NERVE:

By digital exploration the sensitive point along the nerve pathway is found. The palpation should be continued along the pathway that we judge the nerve is taking. In case of a failure to elicit tenderness then pressure is brought to bear a half an inch or even an inch further along the presumed pathway of the nerve and on either side remembering that not all nerves take the classical textbook pathway. Gregory suggests palpating around in a half moon shape in order to pick up the tender points. In this way, step by step, the nerve may be followed by palpation from one of its extremities to the other.

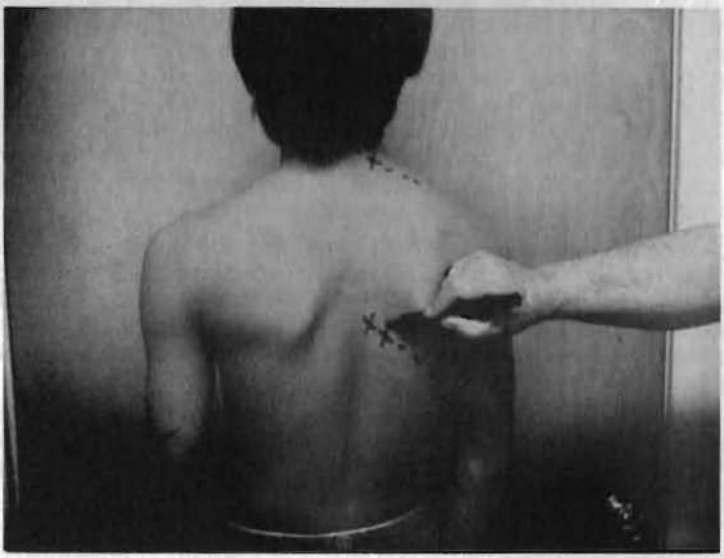
It is good clinical practice to mark the tender points along the nerve pathway. This can easily be done with any felt-tipped Magic Marker type writing instrument. It can even be done with a ball-point pen, although because of the sharpness of the ball-point pen, this sometimes can be irritating to tender skin. The ink markings can be easily removed by alcohol on a small piece of cotton once the examination is concluded. Such marking of the tender points will give a picture of the course of the nerve, once the tracing has been completed.

One, of course, will often find that the nerve will branch and that the tender pathway will be traced to two different points of the spinal column. This is most likely because multiple organs are involved or because a nerve supply from different segments of the spine are given off to the same pathological zone which has become involved.

There are many areas on the body in which the pathway will pass under a bone or deep within muscular tissue and the tenderness cannot be elicited. This is especially true of nerves passing underneath the scapula and the clavicle as well as other parts of the body. In this case the palpation should proceed to where it goes underneath the bone and just as one would detour or take a dog-leg on the street and pick up on the other side of a dead end street that continues, pick up the tracing on the other side of the bone where it emerges and again proceeds close to the surface. This is done by palpating along the edge of the sides of the bone. There should be little trouble picking up the point tenderness pathway again.



In nerve tracing, the middle finger is the palpator reinforced by the forefinger.



The surface is marked as the nerve is traced. Areas of hypersensitivity are marked +.

METHODS OF TRACING FROM THE SPINE:

Normal para-spinal palpation is performed. Palpation continues along the nerve pathway step by step until the pathological zone is reached. Gregory points out that sometimes nerve pressure upon the tender nerve tract may relieve the tenderness or numb it to the degree that it cannot be traced further. For that reason it may be difficult to trace a nerve from the spinal origin to the periphery.

METHODS OF TRACING THE NERVES TOWARD THE SPINE:

First the tender point along the nerve pathway near the inflammatory area should be elicited. One should avoid deep palpation over the actual tender zone of the affected area. Palpation should be extended back a short distance and toward the spinal origin of the nerve supply. It is interesting to note that should pressure upon the nerve numb its sensitivity only the distal end will be affected. Many times the act of deep pressure along the nerve pathway will relieve the pain or at least afford temporary relief.

LOCATING TENDER POINTS ALONG THE NERVE PATHWAY:

This is a very important point in this art. As the nerve is traced from its spinal origin to the region of some pathological zone certain points along the nerve pathway may prove more tender than others. These should be marked. Again pressure along the nerve may excite a sharp and decisive pain in the pathological area. This should also be marked and noted.

TRACING OF THE PERIPHERAL NERVE RAMI:

Nerves or branches of nerves that go to internal viscera cannot be traced because they are too deep to be palpated. How, then, in such a condition, can one elicit information that will help to correctly determine the location of the etiological spinal lesion?

If a nerve is sensitive or tender usually all the branches of that nerve are equally sensitive or tender and if we cannot trace a nerve to the end site of a trunk or cavity of the organ it may be possible to trace a peripheral branch of the same nerve back to its spinal origin. Needless to say an excellent working knowledge of neurology is essential for this particular work. If the peripheral nerve branches can be traced to the proper point or locality of the spinal lesion then relief should be obtained by adjustment of that segment of the spine.

UNEXPLAINABLE NERVE TRACINGS IN RARE CASES:

As has been mentioned before, not all nerve pathways follow their routing as shown by Gray's Anatomy. Some deviate and wander somewhat wildly along their pathways. In these cases by palpating on a fanning-out or a spread effect the tenderness may be picked up and nerve tracings then may proceed as normal.

Gregory makes the point that when a nerve is tender at all it is tender throughout its entire length. Consequently any tender nerve will be tender at or near its spinal origin.

Gregory illustrates these wandering nerves by describing a patient with pain over the right hypochondriac region when a full breath was drawn. He expected to locate the tender zone and trace

the nerve from this region back to the spine following the intercostal spaces and nerves. For the first inch and a half the tender nerve ran toward the spine following the intercostal space. Suddenly the tender pathway took an upward direction through the axillary region to the front of the shoulder, under the clavicle and back to the origin of the sixth cervical nerve, the same side as the painful zone. If this seems to be a peculiar tracing, then understanding the ramifications of the long posterior thoracic nerve will provide a solution to the problem. Gregory closes this chapter by stating "nerve tracing and relieving tender nerves by a thrust to relieve the spinal lesion will convince any doubting Thomas of reasonable intelligence of the importance and potency of spinal adjustment."

TREATMENT AND CARE OF THE PROBLEM EAR

Ray H. Houchin, D. C.
The Kentucky Kyrogram

EQUIPMENT NEEDED:

Otoscope.
Ear Syringe.
Ear Basin.
Ear Tweezers.
Cotton Balls and Cotton Tipped Applicators.
Hand Towels (terry cloth, preferably gold colored for stain resistance to Vitaminerals No. 120 Solution).
Beauticians Shampoo Cape.
Stainless Merthiolate Solution
Septisol Soap (or similar surgical scrub soap).
Eye Dropper, small Test Tube or Vial, small dish or wide-mouth shallow plastic glass.
Wax Dissolving Ear Oil (may obtain from General Biological, Francis L. Vore, Dist., P.O. Box 164, Arkansas City, Kans. 67005)
Vitaminerals No. 120 Astringent and Detergent Concentrate.
Distilled Water.

PATIENT PREPARATION FOR IMPACTED WAX

Give patient bottle of ear oil to be used as follows: 2 drops in each ear at bedtime and prior to arising. Let soak for 2-3 minutes in each ear before turning the head. This is done by the patient for at least two and preferably three days prior to irrigation.

THE IRRIGATION

Be very careful of water temperature. The ear is extremely sensitive to heat and cold. All solutions, water, etc., should be tested carefully to a temperature just slightly warm prior to using.

Drape patient with shampoo cape. Place a folded terry cloth towel (secured with a clip or clothespin) around the neck, over the cape to keep patient dry.

Pour a small amount, approximately one teaspoonful, of Septisol Soap in the ear basin and add barely warm water. If assistant is not available, ask patient to hold basin snugly against head to catch the water that will return. Fill ear syringe and gently insert LARGE tip into ear and apply firm, steady pressure to plunger for irrigation. Repeat irrigation at least four or five times. Inspect the ear with otoscope to observe if wax has been extracted, and to perhaps redirect your flow of solution to allow it to penetrate a spot that will direct the flow behind the impacted wax.

Discard this solution and rinse in clear, warm water. REMEMBER TO WATCH THE TEMPERATURE CAREFULLY. Three or four syringings are usually sufficient to remove the solution. If wax is still present, rinse again.

Give patient a cotton tipped applicator and ask patient to dry inside the ear as far as they can reach without causing pain. This is very safe. Patients will not hurt themselves.

Have two droppers of merthiolate solution in a small test tube pre-warmed by standing tube in cup or glass of very warm water. After patient has dried inside ear, tilt head away from you and pour one dropper of merthiolate solution into ear, instructing patient to keep head tilted for approximately fifteen seconds. Hold a cotton ball to the ear and gently tilt head towards you at the end of the fifteen seconds to drain. Give patient a clean cotton tipped applicator and instruct to dry again.

Have pre-heated a bottle of ear oil (may be set in the same container with the tube of merthiolate for warming) after the final drying, one drop of oil is placed in each ear to lubricate.

On occasions, if the patient has not properly "oiled" the ears at home, it will be necessary to have them repeat their procedure before wax can be extracted. Be sure to stress to them the importance of using the oil as directed. It will save you time and aggravation.

We have used this method in our practice for fourteen years and have not had one incident of infection or complication as a result.

INFECTIONS OR FUNGUS OF EARS

Follow the above procedure of irrigating, omitting the drop of ear oil and substitute the following procedure:

A small cotton ball, carefully unrolled, makes an ideal ear wick. Use a thin strip, approximately six inches long, tapered to a point at one end by rolling between fingers and palms. In a small dish or shallow, wide-mouth plastic glass mix five drops of Vitaminerals No. 120 with one (1) teaspoonful of distilled water for each wick desired. This cannot be made up in advance. It must be mixed at the time of use. Place tapered end and approximately two-thirds of the wick in the No. 120 solution.

Using ear tweezers, pick up the tapered end of the wick at the very tip. DO NOT squeeze the No. 120 solution out of the wick. GENTLY insert the end of the ear tweezer containing the wick into the ear canal, do not apply pressure, but let glide along until resistance is met. WATCH PATIENT CLOSELY. THEIR EXPRESSION WILL TELL YOU WHEN YOU HAVE INSERTED DEEP ENOUGH. Withdraw the tweezer, leaving the tip of the wick intact inside the canal. Reach back on the wick very slightly and insert more wick inside the ear canal. Repeat this insertion until there is only a small portion of the wick left. This is left just outside the canal for removal. When wick is inserted, have patient lay head to opposite side and with a dropper, completely saturate the wick with No. 120 solution by pouring a few drops directly into the ear on the wick.

Advise patient to leave wick in ear for a period of 24 hours if possible. However, if pain or irritation occurs, they may remove in four hours with noticeable results. Occasionally a wick will be packed too tightly and can cause pain. Advise patient if this occurs to return to the office. Remove the wick and re-pack with less pressure.

When treating an infection, we use this treatment daily until symptoms subside, usually two or three days, then every other day until condition is clear.

The Vitaminerals No. 120 is a drying agent and will cause a dark rust appearance generally on wicks that are extracted. While treating every day, have patient leave the wick in until they return. At this time simply take hold of the end of the wick outside the ear canal and slowly extract. After the acute phase, patient can remove this wick himself.

It is a good idea after the infection or fungus has cleared to rewash the ear as outlined and use a drop of oil.

We have numerous patients whom we classify as "chronic waxers". They rapidly form masses of wax impactions and these should be routinely checked.

Our office uses the "tickle" or "suspense" file, rechecking these patients every three to six months, or every year, depending upon the patient need, to ascertain if this impaction is there. We irrigate the ears when needed and render a real service to this patient by preventing many infections and discomforts of the ear.

This entire procedure is completely safe, painless and very soothing to an irritated ear canal.

A FOOTNOTE FOR THE COMMON EAR ACHE

Instruct patient to use a large glass, fill about half full of boiling water. Add half teaspoon of Vicks Salve and while steaming, hold glass straight and have patient place ear over the top of the glass, sealing the vapor to enter ear. Be sure the glass is not too full so as to burn the ear with the boiling water. Have them hold this position for about one minute. In most instances this procedure will give immediate relief. Very valuable in relieving earaches associated with children.

THIE Chiropractic Corporation
1192 NORTH LAKE AVENUE · PASADENA, CALIFORNIA 91104
AREA CODE 213 · TELEPHONE 791-1201

OPEN LETTER TO THE PROFESSION

I am very concerned about the new Board of Health Insurance Guide lines which are being used on Medicare carriers in processing chiropractic claims.

I believe our profession needs to do something about these immediately. I would like to hear your suggestions as to what should be done and by whom.

My fear is that our profession is accepting a definition of need for chiropractic care in much too limited a scope; a scope that I have not been able to find any chiropractor willing to limit his practice to.

As I read these regulations they have limited payments to Medicare recipients for chiropractic care for:

1) Neuromusculoskeletal symptoms which are directly related to spinal nerve root distribution that could if irritated result in the symptom.
2) Then only if a subluxation at that level can be demonstrated at that level by x-ray.
3) That subluxation must be "an incomplete dislocation, off-centering, misalignment, fixation or abnormal spacing of the vertebrae anatomically ...."
4) A limited number of adjustments (treatments) should be allowed for the correction of the subluxation based on its acute or chronic nature. If more treatment is rendered to that patient than is "usual" for correction of that subluxation then substantiating reports must be submitted.
5) If a bill is submitted for chiropractic adjustments of overt diseases such as pneumonia, emphysema, multiple sclerosis or rheumatoid arthritis, as an example, the payments for these adjustments should be denied.

My second concern is over what appears to me to be a lack of action on the part of the political, educational and philosophical leadership of the profession regarding these guidelines. My understanding is that these were issued last July or August and are now being implemented. I know of no school of chiropractic practice or thought that would adhere to these guidelines as the practice of chiropractic. The conservative "adjustment only" practitioner certainly does not limit his practice to neuromuscularskeletal conditions. The chiropractic specialist in neuromuscularskeletal problems certainly does not limit his practice to treatment of subluxations as diagnosed by x-ray and especially to anatomical nerve distribution related symptoms.

I You and I know that chiropractic is an alternative to allopathic, homeopathic, osteopathic, medical practice. It is my opinion that it was Congress' intent to allow chiropractic by Medicare recipients in a limited way; but as practiced by chiropractors and taught in chiropractic colleges, not as the BHI of HEW fantasied chiropractic should be practiced. I do not believe that the ignoring of the joint committee of chiropractic by the BHI should be allowed by our profession. I do not believe it was congressional intent for the areas in which chiropractic is most effective for

Medicare recipients be denied by BHI misunderstanding of chiropractic and its scope of practice. I do not believe that it was congressional intent that payment be denied to Medicare recipients for the treatment of overt diseases by adjustment of subluxations. I do not believe that Congress intended to deny payment to Medicare recipients for treatments rendered for the corrections of subluxations which may be the effect or affect of the overt disease processes or mimicing of these disease processes or symptoms by spinal lesions.

I believe that Congress is well aware of the differences of opinion between the chiropractic and medical professions, especially regarding the need for chiropractic care. I also believe that Congress is familiar with the subverting of congressional intent by bureaucracies which opposed the passage of new laws directing them to do the thing that they were opposed to doing. This is my opinion of what has happened. The Department of H.E.W. opposed chiropractic inclusion in Medicare. Their report to the Congress concluded that it would be harmful to the health of the nation. I do not believe that the profession of chiropractic has yet supplied sufficient information for that department to change its mind. I believe these people take their jobs seriously and are trying to protect the public from the "error of Congress in not accepting their recommendation to not include chiropractic."

It appears to me that the new regulations were written as if chiropractic is a sub-specialty of the practice of medicine. It appears to me that the basic philosophy of all the chiropractic colleges has been ignored by the writer of these regulations. It appears to me that the regulations were written to include chiropractic care OUT rather than IN as Congress had intended.

I attended the NINDS conference and also the conference on Research on Manipulative Therapy sponsored by the University of California at Irvine Medical School. At both of these conferences the arguments appeared to be centered around an unsaid but prevailing view that "of course, the only possible value or benefit that could come from manipulation would be in the area of neuromuscularskeletal lesions." At both conferences chiropractors were a minority. The papers selected for presentation were with one or two rare exceptions related to the above neuromuscularskeletal concept. When the model research projects were presented it was not regarding chiropractic practice as a primary provider but as a referral specialty as compared to physical therapy or other medical modality for treatment of back problems. At no time during these conferences were chiropractic philosophical views clearly presented and understood by the non-chiropractors present. These conferences are setting the die. This must not be allowed.

I believe that the present BHI guidelines must be challenged vigorously. The right of the public to have chiropractic care as taught in chiropractic colleges and practiced by chiropractors must be preserved. It is my opinion that opposition to these BHI guidelines can unite the chiropractic profession, just as inclusion in Medicare united our presentations before Congress.

May I please hear from you on this matter as soon as possible?

Sincerely yours,

JFT/fc

John F. Thie, D.C.

PHYSIOTHERAPEUTIC DEVICES AND PHYSIOTHERAPEUTIC MODALITIES

By George J. Petersen, Ph. D., D. C.

BATHS AND DOUCHES

A. Description. Of all curative agencies, water is the most flexible, potent and at the same time, the most simple in its application yet capable of the most highly specialized and technical adaptation.

B. Classification.
   1. Thermal
      a. Conductive heat, direct contact with body.

C. Physiological effects
   1. Muscles
      a. Short cold baths increase tone and energy. Long duration produces stiffness and diminished functional capacity.
      b. Warm baths tend to lessen fatigue and relax muscles, prolonged warm baths have an enervating effect.
   2. Skin
      a. Cold baths contract the cutaneous elastic fibers causing a Goose flesh followed by reddening of the skin.
      b. Warm baths stimulate the sweat glands, causing perspiration.
   3. Heart
      a. Cold baths diminish the heart rate and lengthen the diastole.
      b. Hot baths increase heart load since the rate increases when the peripheral vessels become dilated.
   4. Blood pressure
      a. Cold baths raise blood pressure
      b. Warm baths lower blood pressure
   5. Circulation
      a. Cold baths cause peripheral vessel to contract
      b. Warm baths dilate the blood vessels
   6. Metabolism
      a. Cold baths increase metabolism and amount of oxygen. The colder the water, the greater increase in metabolic rate.
   7. Nervous System
      a. Cold baths cause a marked effect in sensory nerves.
      b. Hot baths are more effective in relieving pain than cold baths.
   8. Treatment Time
      a. Usually 20 - 30 minutes, depending on patient's tolerance.

COLON THERAPY

A. Brief Description: Colon Therapy is a specialized system of treatment, using irrigating fluids, to correct the bacteriological, chemical and mechanical defects of the large bowel.

B. Colon Therapy is Classified as to its: Bacterial, Chemical, and Mechanical properties.

C. The Physiological Response or Reaction of the Body:
   1) Increases Bile Secretion
   2) Diminishes Toxic Absorption
   3) Relieves Flatus
   4) Relaxes Abdominal Spasms
   5) Stimulates Peristalsis
   6) Normalizes Bowel Evacuation
   7) Increases Kidney and Bladder Function
   8) Relieves acquired Colonic Anomalies
   9) Reduces Colon Bacillus and Putrefaction
   10) Thoroughly cleanses the Colon and Stimulates Intestinal Secretion
   11) Relieves Pain

D. Other Pertinent Factors regarding Colon Therapy:
   1) Method or Application: is by the use of automatic Colon irrigation apparatus using unmedicated water to remove most of the fecal matter from the Colon. A Potassium Permanganate solution may be used in a 1 to 5000 ratio for its antiseptic effect on the Colon, following the plain water application.
      The Dierker Therapeutic Apparatus: may be used if intestinal massage or increased Colon tonicity is your primary goal.
   2) Dosage Limit: to cleanse the bowel the treatment should be 35 - 45 minutes, not to exceed 1 hour in any one application. To treat a bowel problem 3 - 6 treatments may have to be given.
   3) Contraindications for Colon Therapy:
      a) Severe Cardiac Diseases
      b) Aneurysm
      c) Advanced Arteriosclerosis
      d) Severe Anemias
      e) High Fever
      f) Exophthalmic Goiter
      g) Gastrointestinal Hemorrhage, Ulceration or Perforation
      h) Hemorrhoids

HYDROTHERAPY
(Whirlpool Baths)

A. Brief Description. It is the therapeutic use of water that is especially beneficial in inflammation conditions, toxic retention, poor circulation, insomnia, neurasthenia, thesion of muscular structure which would entail the whirlpool bath.

B. The Whirlpool Bath is Classified as: Mechanical in its property.

C. The Physiological Response of Whirlpool Bath
   1) Increase local circulation
   2) Reduce pain and muscle spasm
   3) Remove infection and exulates
   4) Improve tissue oxidation
   5) Soften scar tissue and adhesions

D. Other Pertinent Factors Regarding Whirlpool Baths
   1) Tank Types
      a. Hubbard tank (older type)
      b. Ille tank (modern, modification of Hubbard tank)
   2) Temperature - between 90 to 100° Fahrenheit
   3) Uses of Whirlpool Baths

      a. Improve mobility in arthritic cases
      b. For rehabilitation after care of infantile paralysis
      c. Improve function in various neurological conditions
      d. An after care of fractures, especially in joints
      e. For hydro-massage to extremities
      f. For inducing mild hyperpyrexias in chronic infections

ELECTROTHERAPEUTICS

HYDROTHERAPY

Hydrotherapy of all curative agents, water is the most universal, the most versatile; in general, the most potent, at the same time the most simple.

TYPES:
1. Whirlpool bath
2. Hubbard tank
3. Paraffin bath
4. Salt bath
5. Sitz bath
6. Nauheim bath

PRIMARY EFFECT
1. Increase circulation

PHYSICAL EFFECT
1. Improve nerve function
2. Improve muscle tone
3. Relief of pain
4. Produces hyper-pyrexias

INDICATIONS
1. Poliomyelitis
2. Spastic paralysis
3. Backache
4. Chronic arthritis

CONTRAINDICATIONS
1. Acute infections and febrile diseases
2. Acute inflammations of joints
3. Acute painful neuritis
4. Erosive joint lesions

APPLIED ANATOMY REVIEW

Arthur V. Nilsson, D. C.
Los Angeles College of Chiropractic

1. IN RESPIRATION, AIR IS NOT SUCKED IN: IT ENTERS BY ITSELF.

The diaphragm is the chief respiratory muscle. It also serves as a partition between the thoracic and abdominal cavities. It is firmly attached to the inferior border of the thorax. This attachment comprises its origin. Its muscle fibers converge centrally to end in the central tendon. In shape, the diaphragm resembles an opened umbrella whose upper surface is convex and the lower correspondingly concave. When it contracts, its upward convexity is slightly reduced and lowered which leads to a slight compression of the abdominal organs. This action is possible because of the general softness and resilience of the intestinal tract. While this takes place within the abdominal cavity, the volume of the thoracic cavity is enlarged. This fact and the one that in the pleural cavity the air-pressure is from 4 to 6 mm Hg. less than in the atmosphere (which is 760 mm Hg. at sea level) makes it possible for the outside air to enter the lungs. This act is known as Inspiration (inhalation). After the diaphragm has reached an average degree of contraction, it stops for less than a second and then relaxes. It is during this short period of relaxation, that the resilience (or springiness) of the abdominal viscera pushes the diaphragm up again. This movement is termed Expiration (exhalation).

The diaphragm is a voluntary, skeletal muscle over which we have a limited control and can change its rate as well as rhythm. However, under ordinary conditions it contracts and relaxes reflexly whether we are awake or asleep.

2. HOW DOES THE YOUNG CHILD LEARN TO TALK?

Obviously a normal larynx is needed with its vocal folds and certain muscles which produce and regulate the tension of them as well as the size of the rima glottidis (the gap between the above-mentioned vocal folds). However, one more requirement is needed for the production of words, not merely sound. Yes, the child must also have perfect HEARING, for we learn to talk by imitating the words we hear in that early stage of life. For that reason, a child that is totally deaf from birth and on will also be mute unless instructed in some certain manner of communication now available to more and more deaf-mute children. A great many have been taught to speak without ever having heard their own voices as in the case of the inimitable Helen Keller.

LACC OFFERS LICENSE PREPARATION COURSE

Many Dcotors of Chiropractic and senior students in chiropractic colleges who plan on taking the California Chiropractic Board leading to licensure in California are dismayed to find that Physio-Therapy is a required subject for the California, and they are delayed or declared ineligible because they are deficient in this subject.

The Los Angeles College of Chiropractic has again, as it has in past years come to the assistance of the student or doctor looking to solve this problem, and become eligible for application to sit the Board in California. An intensified course in Physio-Therapy will be offered to these special people.

The course will begin July 19th and conclude on August 6th. Classes will be in session from 8 to 5 each day, Monday through Friday, in order to provide sufficient hours to qualify for the Board. The fee for the course is $250, with a $50 deposit required with registration. The learning experience will be both didactic and practical.

Those wishing to take this preparatory work must meet one of the following conditions;

(a) He must have a D.C. degree, or

(b) If he is still a student, he must provide a letter from the Registrar of his school stating that he is within one year of graduation.

Facilities are limited, therefore it is necessary to limit the size of the class. The first registrations will, of course, be shown preference. Write; Registrar, 920 East Broadway, Glendale, California 91205.

DR. SUDO VISITS ALMA MATER

Dr. Kiyoji Sudo, of Tokyo, Japan, recently returned to the Glendale Campus of the Los Angeles College of Chiropractic to view the progress made since his graduation and to renew acquaintance with old friends. He brought with him a gift of $1000.00 for the New Campus Fund - Los Gatos.

Dr. Sudo is president of the newly formed Japanese Chiropractic Pioneer Institute, opened last spring with twenty-five students.

Pictured above (left to right) are Dr. J. G. Anderson, of the LACC faculty, a recent lecturer in Japan, Dr. Sudo, and Dr. Earl Homewood, Acting President of the College, presenting an Award of Appreciation.

In Memoriam

Dr. J. B. Menches
South Gate, California

†

Dr. T. K. Bippus
Greenville, Kentucky

†

Dr. C. A. Bates
San Juan, Texas

†

Dr. Franklin H. Myers
Palmira, Michigan

Dr. Benjem E. Albertson
Laguna Hills, California

†

Dr. Hicks F. Randol
Guymon, Oklahoma

†

Dr. Harry W. Hays
Newburg, New York

†

Dr. J. H. Watson
Eugene, Oregon

†

Dr. Leavett Zimmerman
Walnut Creek, California

1976

LICENSE RENEWAL SEMINAR CALENDAR

THE CALIFORNIA STATE BOARD OF CHIROPRACTIC EXAMINERS APPROVES SEMINARS, REGARDLESS OF BY WHOM PRESENTED, ON AN INDIVIDUAL SEMINAR BASIS. THE FOLLOWING SEMINARS ARE SCHEDULED BY LACC, FOR WHICH APPROVAL WILL BE SOUGHT.

Times:
Saturdays - 1:00 to 9:00 P.M.
Sunday - 9:00 A.M. to 4:00 P.M.

AT LACC GLENDALE	OFF CAMPUS: HOTELS
Fees: Preregistration $35 At the door $40	Fees: Preregistration $40 At the door $50
DATES	DATES and PLACES
Sat. - Sun. Aug. 21 - 22 Sat. - Sun. Sep. 18 - 19 * Wed. - Thu. Oct. 13 - 14 Sat. - Sun. Dec. 11 - 12	Sacramento Sat. - Sun. June 19 - 20 San Diego Sat. - Sun. July 17 - 18 San Jose Sat. - Sun. Nov. 20 - 21

*SCHEDULED ON WEDNESDAY-THURSDAY FOR THE CONVENIENCE OF THOSE WHO FIND WEEK-END SEMINARS INCONVENIENT.

[SUBJECT]

THE PELVIS, THE LOWER EXTREMITIES AND THE RELATED VISCERA

Tear out this handy coupon NOW
and reserve your place
on the dates and location of your choice.
Enclose your check, and mail to:
L A C C, 920 E. Broadway, Glendale, CA 91205

Name _____ License No. _____

Street address _____

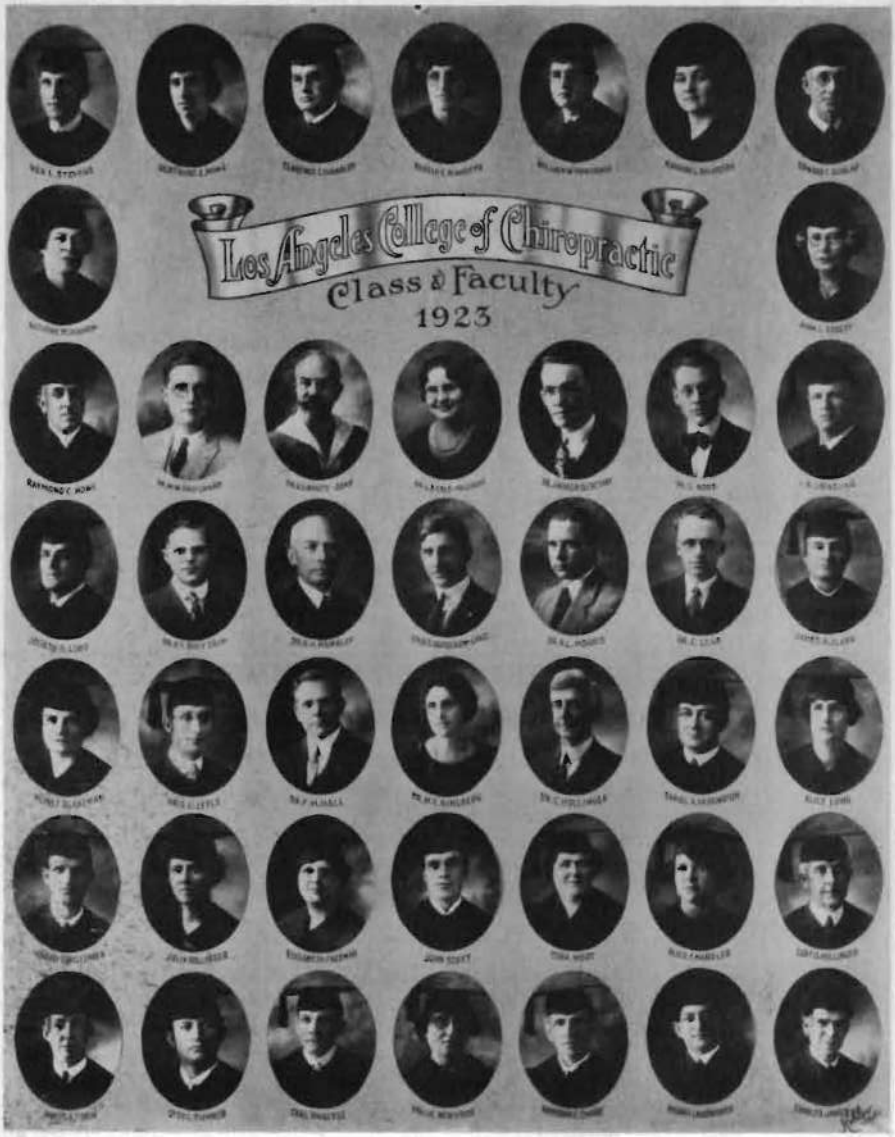
City _____ State _____ Zip _____

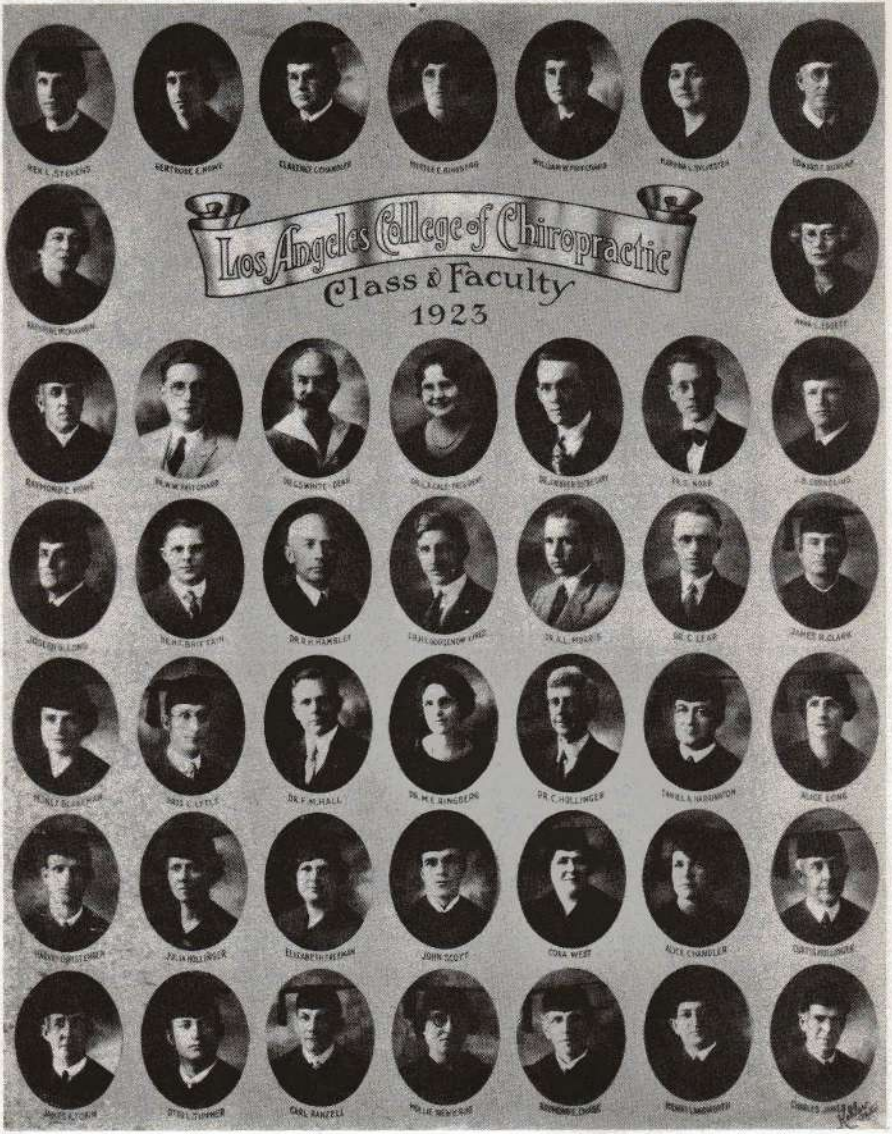
Please reserve my place in _____
CITY

On this week-end (or mid-week) dates _____

My check enclosed for $ _____ Signed: _____

If you require certification to a state other than California, please check here [ ]


Los Angeles College of Chiropractic
Class & Faculty
1923


Los Angeles College of Chiropractic
Class & Faculty
1923

LOS ANGELES COLLEGE OF CHIROPRACTIC GRADUATE SCHOOL

Contact: F. Maynard Lipe, D.C., Dean
920 E. Broadway, Glendale, CA 91205

X-RAY
Following ACA American College of Chiropractic Roentgenology Syllabus. Minimum 300 class hours with approximately 4500+ clinical practice course. Open to licentiates only.

ORTHOPEDICS
300 hours, following syllabus approved by the American Board of Chiropractic Orthopedists. Prepares for certification examination by the Board. New classes begin March, 1977. Closed after 3rd session.

DIAGNOSIS AND INTERNAL DISORDERS
330+ hours leading to Certification Program. Open.

DIVERSIFIED TECHNIC AND REFLEX COURSE
Manipulative methods for all joints, all systems. Dr. Roy Logan conducts lecture, demonstration and workshop. Personal attention to each participant.

GLENDALE, CALIFORNIA — LACC CAMPUS

1st WEEKEND ..... DIVERSIFIED TECHNIC
2nd WEEKEND ..... ORTHOPEDICS
4th WEEKEND ..... X-RAY
For Glendale courses, contact Dr. Anna Reeves, 213-345-1766

SOUTH SAN FRANCISCO - ROYAL INN (AIRPORT)

2nd WEEKEND ..... DIAGNOSIS/INTERNIST
Contact Dr. Patricia Abbott, 415-934-4016

BOISE, IDAHO
1st WEEKEND ..... X-RAY
Contact Dr. Tom Allegrezzo, 208-342-1400

All classes meet Saturday 2 to 9 PM and Sunday 9 AM to 4 PM

classified advertising

RATES Name, address, box number etc to be counted as part of the advertisement

BOX NUMBERS 50 cents per insertion additional to cover handling and postage costs to forward replies.

COSTS 25 cents per word Minimum $2 50 for ads under 10 words. All standard type

ALL ADS PAYABLE IN ADVANCE to THE CHIROGRAM at 920 East Broadway, Glendale CA 91205 Check or Money Order must accompany request for ad. No ad will be published without payment. For your safety, send only check or money order. Do not send cash!

DEADLINE 6 weeks prior to publication date.

WE RESERVE the right to correct spelling and punctuation, or to refuse any advertisement.

THE CHIROGRAM nor the publisher accept responsibility as to advertiser's claims, goods or products. The presence of an ad in the Chirogram does not imply endorsement by either this publication nor by the publisher.

DO NOT CALL the Chirogram office relative to box numbers in ads. No information will be given.

OFFICES FOR SALE, RENT OR LEASE

OFFICE FOR LEASE in Medical-Dental building. $350.00 month. Common reception, 5 treatment rooms, lab, reception. Call (213) 377-2114. Torrance California area.

GRIFFITH, Indiana Downtown Practice (only Chiropractor in town) 11 year old practice - for sale due to death of Dr. G. J. Rabe. Fully equipped, incl. ultrasound and x-ray. Home - Office Combination - 2 story stone house, full basement. Please contact Mrs. Gerald J. Rabe at 115 S. Broad St., Griffith, Indiana 46319. Tel: 1-219-838-5500.

FOR SALE: Hemet Chiropractic Cottage. Detached furnished bachelor apartment. Prime City Hall property. Fully equipped. 100/100 x-ray. Tremendous location & potential. Forced retirement. (714) 925-9191. 413 E. Latham, Hemet, California.

RETIRING: 32 years in area, 23 this centrally located spacious two story corner. Equipped any type practice. X-RAY 300/100 two tube, table, spot film, cervical chair, wall bucky, automatic processor. Excellent potential. Sale or lease with option. P.O. Box 2025, Pomona, California 91768. Phone (714) 622-5179.

PRACTICE FOR SALE: Bishop, California (resort area). Hunting, fishing and skiing at its best. Will sell with or without equipment. Living quarters on premises. Gross approx. $60,000. Price $20,000 without equipment. For further information call (714) 873-6316.

OFFICES FOR SALE, RENT OR LEASE

PROFESSIONAL BUILDING for sale: Ideal 1200 sq. ft. ground floor; 1 story building for medical - osteopathic - dental podiatric - optometric or chiropractic practice. Owner will finance 85% for 10 years. Drive by 11521 Burbank Blvd., N. Hollywood and call (213) 877-1561 for appointment

EQUIPMENT FOR SALE

FOR SALE - Large Radionic Instrument, beautiful condition. Estate sale. Call evenings 213-572-9054.

FOR SALE: Examination table, like new. Henry G. Harter, D. C. 3121 Santa Monica Blvd., Santa Monica, California 90404.

1 examination/pelvic table. Price $100 . Call (714) 529-8693.

X-RAY, desk, chair, gyn and adjusting tables, ultra-violet, heat lamps, surgical lamp, scales, misc. Call 213-941-6300 after 6:00 PM.

FOR SALE: Auto Kyro Adj. Table, Mint condition. Fischertherm diathermy, xlnt. 714-326-2260.

EQUIPMENT FOR SALE: 1 200 x 115 Keleket X-Ray machine with tilt table. includes lead screen. Full price $2500. Call (213) 587-3562.

SINCE MR. WEST'S PASSING the West "Thermapads" are sold and repaired by the Apex Medical Equipment Company, 4329 Dalton, Los Angeles, California. Telephone (213) 849-4486.

NEW AND USED X-RAY equipment and supplies. Complete service. One call does it all. PACIFIC X-RAY COMPANY, 711 W. 16th St., Long Beach, Calif. 213-437-0494.

FOR SALE: Large stock of reconditioned used X-ray machines and accessories. IMRAD, 4150 West Pico Boulevard, Los Angeles, CA 90046. (213) 731-7544.

NU MULTI THERAPY TABLE OF elegence. Latest design features developed after years of engineering and research. Extremely versatile. Traction on cervical, pelvic or ankle, controlled separately or simultaneously with counter traction either alternating or sustained. Is controllable from 0 to 200 pounds. With or without traction. Nunes Therapy Engineering and Equipment, 1123 Palm St., San Jose, California 95110.

PULSATHERM: High energy surging short wave. Lease or purchase. R. J. Lindquist Co., Manufacturers, 2419 W. 9th St., Los Angeles, CA 90006

COLONIC Machines, Accessories, Parts and service. The Dierker Company Post Office Box 24A56, Los Angeles, CA 90024. Phone (213) 478-4647.

OPPORTUNITIES

ASSOCIATE WANTED: Male, under 40, excellent opportunity to build practice from doctor's overflow. Costa Mesa, CA. (714) 645-1177.

OPPORTUNITIES

PRACTICE IN MARVELOUS MEXICO rejuvenating patients with eternal sunshine, glorious natural food, therapeutic waters. Professional man, 44, former manager of a Mexican spa, wants to join with a nutrition oriented chiropractor to acquire/establish and operate a year-round health resort in Mexico. Three profitable, well-located facilities are now available. Requirements: substantial cash, personality and an understanding of what living in a foreign country means. Tell me why you're interested and believe such a partnership could work.
Write: BOX 3892 - THE CHIROGRAM.

RETIRED CHIROPRACTOR available during vacations or absences from your office. Varied experience. Anywhere in California. Dr. Lucille Most, 24 Alexander Ave., Daly City, CA 94014.
(415) 584-7725.

WANTED TO HIRE: Chiropractor &/or assistant - temporary or permanent.
Thibodeau Chiropractic Offices.
Call for appointment or write qualifications. 114 E. Berkeley, Santa Ana, Ca, 92707. Phone 714-542-1917.

NEW ADDITION to my office, orthopedic practice. Desire earnest, honest recent graduate. W. E. Blount, D. C. 1980 Beach St., Concord CA 94519.

OPPORTUNITIES

EXPERIENCED DOCTOR, California License, to associate or take over practice. BOX NO. 3893 - CHIROGRAM.

MISC.: SERVICES, ETC.

CHIROPRACTIC BUSINESS SERVICES
Professional narrative writing.
Anna Reeves, D. C.
18614 Sherman Way, Reseda CA 91335.
(213) 345-1766.

COLONIC Repairs and Parts -- All makes machines. The Dierker Company, Post Office Box 24A56, Los Angeles, Calif. 90024. Phone (213) 478-4647.

CHIROGRAM ADS

GET RESULTS!

Use this for your Classified Ad.

...write here

what you want to say. 25 cents per word. Telephone or street numbers count as words. Send check or money order to the Chirogram, 920 E. Broadway, Glendale, CA 91205. No ad accepted without payment in advance. For your protection, do not send cash.

CREATING A MEMORIAL

Today, many property owners make outright bequests to educational institutions to establish memorial funds for themselves or for other persons. In a day of uncertainty and rapid change, such a gift is a means of securing a measure of immortality.

For example, Mr. X. had devoted his life to agriculture and foodstuff. He could leave a substantial part of his estate outright to a college to help develop the department of nutrition. This project would carry Mr. X's name.

Mrs. Y. is a widow whose husband would have liked to do more for a college at the time of his death, but felt he should leave the bulk of his estate to Mrs. Y. To carry out her husband's wishes, Mrs. Y. has included an outright bequest in her will that will allow the college to establish a fund as a memorial to Mr. Y.

The Deferred Gifts Office of Los Angeles College of Chiropractic will welcome an opportunity to cooperate with you and your attorneys in planning a future gift to the College.

GIFTS TO LOS ANGELES COLLEGE OF CHIROPRACTIC ARE TAX DEDUCTIBLE

LOS ANGELES COLLEGE OF CHIROPRACTIC

920 East Broadway, Glendale, California 91205

THE CHIROGRAM
920 E. Broadway
Glendale, CA 91205
Return Address Requested

Non-Profit Org.
U. S. POSTAGE
PAID
Permit No. 1212
Glendale, Calif.